



Department of Commerce

Innovation is in our nature.

906 Columbia Street SW
PO Box 42525
Olympia, WA 98504-2525

Signature Authorization

HOUSING TRUST FUND – O&M FUND

Organization Name:	Date Submitted:
Project Name(s):	Contract Number(s):

- **PLEASE SIGN THIS FORM IN INK.**
- **ALL SIGNATURES MUST BE ORIGINALS AND ON ONE PAGE.**
- **REFER TO THE ATTACHED INSTRUCTIONS FOR COMPLETING THIS FORM FOR SPECIFICS OF IDENTIFYING AUTHORIZED PERSONS.**

1. Authorized to Sign Contracts and Contract Amendments: Identifies the person(s) who are authorized to sign contracts and contract amendments.		
Signature	Print or Type Name	Title

2. Authorized to Sign Reimbursement Invoices: Identify the person(s) who are authorized to sign invoice vouchers requesting reimbursement of O&M Fund dollars. <i>If a name appears in Section 3 – do not list that name in this Section 2.</i>		
Signature	Print or Type Name	Title

3. Authorizing Authority: Identify the person(s) who authorized the individuals identified in Sections 1 and 2 above.		
Signature	Print or Type Name	Title

Instructions

1. The Signature Authorization Form must identify:
 - a. The person(s) who are authorized to sign contracts, contract amendments or modifications to those documents;
 - b. The person(s) who are authorized to sign requests for reimbursement requesting reimbursement from the O&M fund (this cannot be the same person that is an Authorizing Authority listed in Section 3); and
 - c. The Authorizing Authority. The authorizing authority is usually chief executive officer or a board member of the jurisdiction or non-profit organizations. Sometimes this person's signature is also designated to sign contracts. However, someone cannot authorize himself or herself to sign contracts or reimbursement invoices; the authorizing authority has to be a different person. Any other person authorized to sign contracts or amendments must be so designated by formal resolution of the governing body.
2. Two or more individuals should be authorized to sign requests for reimbursement, so that requests for O&M funds are not delayed if one individual is unavailable to sign. In addition, a person authorized to request funds should not be the same person who is responsible for authorizing the expenditure of funds. This ensures appropriate control and accountability for financial transactions at the local level.
3. Please sign the form in BLUE ink.
4. Return the original form to the attention of O&M Fund – Contract Specialist at the address listed at the top of the Signature Authorization Form.

If any of the designations on the Signature Authorization Form change during the term of the Contract, a new form must be completed and submitted to Commerce.